



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER- Governor
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

May 10, 2007

Shannon Miller, Administrator
Seasons at Boise-Seniorcare Turlock/Boise, LLC
10250 W Smoke Ranch Drive
Boise, ID 83709

License #: RC-878

Dear Ms. Miller:

On March 22, 2007, a state licensure survey was conducted at Seasons At Boise-Seniorcare Turlock/boise, Llc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact DONNA HENSCHIED, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DONNA HENSCHIED, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DH/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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March 30, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 1183

Shannon Miller, Administrator
Seasons at Boise-Seniorcare Turlock/Boise, LLC
10250 W Smoke Ranch Drive
Boise, ID 83709

FILE COPY

Dear Ms. Miller:

Based on the state licensure survey conducted by our staff at Seasons at Boise-Seniorcare Turlock/Boise, LLC on **March 22, 2007**, we have determined that the facility failed to protect residents from inadequate care. Based on observation, interview and record review it was determined the facility failed to develop an NSA to identify and describe a resident's needs for 1 of 11 sampled residents (#1). Additionally, the facility failed to update a resident's NSA to reflect a resident's current needs for 1 of 11 sampled residents (#6).

This core issue deficiency substantially limits the capacity of Seasons At Boise-Seniorcare Turlock/boise, Llc to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **May 6, 2007**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Delores Curry, Administrator
March 30, 2007
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **April 12, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

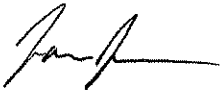
In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**April 12, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **April 12, 2007**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **April 21, 2007**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Seasons At Boise-Seniorcare Turlock/boise, Llc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Lynne Denne, Program Manager, Regional Medicaid Services, Region IV - DHW

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R878	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2007
NAME OF PROVIDER OR SUPPLIER SEASONS AT BOISE-SENIORCARE TURLOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 10250 W SMOKE RANCH DRIVE BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiency was cited during the initial survey conducted at your residential care/assisted living facility. The surveyors conducting your survey were: Donna Henscheid, LSW Team Coordinator Debbie Sholley, LSW Health Facility Surveyor Karen McDannel, RN Health Facility Surveyor Definitions: MAR = Medication Administration Record NC = Nasal Cannula NSA = Negotiated Service Agreement	R 000		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to develop an NSA to identify and describe a resident's needs for 1 of 11 sampled residents (#1). Additionally, the facility failed to update a resident's NSA to reflect a resident's current needs for 1 of 11 sampled residents (#6). A. NSA I. Developing NSA's	R 008		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

3W5J11

If continuation sheet 1 of 5

Bureau of Facility Standards

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R 008	<p>Continued From page 1</p> <p>Resident #1's record documented the resident was admitted to the facility on 10/30/06, with diagnoses which included chronic obstructive pulmonary disease [COPD], advanced dementia and depression.</p> <p>Review of the "Physician Admission Orders" dated 10/24/06, revealed the resident was to receive oxygen at 2 liters per minute via nasal canula continuous due to COPD.</p> <p>The facility's "Assessment For Level Of Care" dated 11/3/06, revealed the resident "required supervision with medication, set out in order to take without confusion."</p> <p>The NSA dated 11/3/06, documented the following under the section "General Medical Needs/Conditions:" "Oxygen at 2 Liter/Nasal Canula - History of smoking (COPD)".</p> <p>Review of the resident's MAR for February 2007 through March 20, 2007, revealed the resident's oxygen order was not documented on the MAR.</p> <p>The NSA was not developed to include staff supervision to ensure the resident was receiving oxygen at 2 liters per minute via nasal canula continuously.</p> <p>On 3/19/07 at 1:30 p.m., during the initial tour Resident #1 was observed in her room laying on her bed with her nasal canula above her nose. The resident was confused and unable to be interviewed at that time.</p> <p>On 3/19/07 at 1:35 p.m., the assistant administrator stated the resident had increased</p>	R 008			

Bureau of Facility Standards

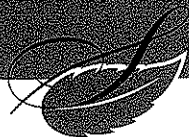
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R 008	<p>Continued From page 2</p> <p>confusion and was being evaluated for transition to the secured unit due to her advancing dementia.</p> <p>On 3/20/07 at 11:45 a.m., Resident #1 was observed walking down the hallway without her oxygen. No staff were observed to question or assist the resident to assure she had her portable oxygen tank, and was using her oxygen.</p> <p>On 3/20/07 at 12:30 p.m., the facility's nurse confirmed the resident had not been using her oxygen as ordered. The nurse confirmed the resident's NSA was not developed to include the resident's need for supervision of her oxygen use. The RN also confirmed the oxygen order had not been transcribed onto the resident's MAR.</p> <p>On 3/20/07 at 12:40 p.m., Resident #1 was observed in the beauty salon with her oxygen going at 2 Liters/minute via nasal canula. The resident was alert and oriented and was able to be interviewed.</p> <p>On 3/20/07 at 4:00 p.m., two caregivers were interviewed regarding the resident's oxygen use. They stated, the resident displayed increased confusion when not using her oxygen; they agreed the resident's mental confusion decreased greatly with the use of oxygen.</p> <p>The facility failed to develop resident #1's NSA to identify and describe the resident's needs and to help guide personnel to meet the needs of the resident.</p> <p>II. Updating NSA's</p> <p>Resident #6's record documented the resident was admitted to the facility on 1/27/07, with</p>	R 008			

Bureau of Facility Standards

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R 008	<p>Continued From page 3</p> <p>diagnoses which included congestive heart failure and venous stasis in the lower extremities (trapping of blood in the lower legs).</p> <p>Review of the "Physician Admission Orders" dated 2/15/07, documented the resident was to receive a double layer of Tubigrip wrap (a type of leg wrap to decrease leg swelling) to the left leg, and a single layer Tubigrip to right lower leg...May remove at night...Wash legs daily with microklenz moisture.</p> <p>A Physician's order on 3/5/07, documented "Please follow attached records from hospital for leg care (Tubigrip)." The order was as stated above.</p> <p>A Nursing Clinical Note from hospice dated 3/8/07, documented the resident "...received a bath and applied Tubigrip stockings to lower legs...Please apply Tubigrip stockings in A.M. and remove in evening..." The clinical note was signed by the hospice RN and caregiver.</p> <p>A Nursing Clinical Note from hospice dated 3/18/07, documented the resident "...reports having pressure stockings on all weekend, not removed. 2+ edema (degree of swelling) to lower legs - purple/red in color but not much weeping..."</p> <p>Review of the facility's "ADL's Sheet" for February and March 2007, documented following, "Bathing 2 x weekly - Sunday's and Wednesday p.m. Hospice."</p> <p>Resident #6's NSA was updated on 3/16/07, and documented the resident received hospice care two times a week for assistance with bathing. The following was documented under the section "General Medical Needs/Conditions: Hospice</p>	R 008			

Bureau of Facility Standards

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R 008	<p>Continued From page 4</p> <p>care nurses monitor medical status, facility nurse reports any changes in condition to hospice team."</p> <p>On 3/21/07 at 9:30 a.m., Resident #6 was observed in her room after breakfast. She stated hospice came to the facility twice a week to help with bathing and to change the wraps on her legs. She further stated she would like to have the wraps removed at night and reapplied daily, but was unable to do the leg wraps without assistance from caregivers.</p> <p>On 3/21/07 at 1:20 p.m., the facility nurse confirmed she was not aware of the physician's orders to have the leg wraps removed at night and reapplied daily. She understood hospice was to manage her leg care and bathing. She further confirmed, the NSA did not include direction to caregivers regarding the resident's leg care needs as there was no communication between hospice and the facility addressing the additional care needed.</p> <p>Resident #6 had a significant change in her health status and was placed on hospice care. The facility failed to provide the daily dressing changes to the resident's legs as ordered by the physician. The resident had co-morbidities that place her at increased risk for skin breakdown, and infection. The resident's decline was not reflected in her NSA. The NSA was not updated to identify and describe the resident's current needs.</p>	R 008			



SEASONS

ASSISTED LIVING

Helping seniors & their families lead happier & healthier lives

RECEIVED

APR 12 2007

April 9, 2007

Jamie Simpson, MBA, QMRP
Idaho Department of Health and Welfare
Bureau of Facility Standards
P O Box 83720
Boise, ID 83720-0036

FACILITY STANDARDS

**Plan of Corrections for state licensure survey on March 22, 2007. Assisted Living
Core Issues:**

16.03.22.520 Protect Residents from Inadequate Care.

A. NSA

1. Developing NSA's

- a. The RN has developed resident #1's NSA to identify and describe the resident's needs and to help guide personnel to meet the needs of the resident.
- b. The order for oxygen and the monitoring of the oxygen by staff has been transcribed onto the resident's MAR.
- c. The RN is reviewing and updating all resident's NSA's.
- d. The Administrator and Care Coordinator (LPN) will conduct Care plan meetings monthly and will review NSA's with all Department Head staff to assure proper information is shared. Each NSA is reviewed and updated quarterly or sooner, by the RN, if there is any change in condition or change in service.
- e. The corrective date of action of the plan of correction will be completed by May 6, 2007.

2. Updating NSA's

- a. The RN has updated resident #6's NSA to identify and describe the resident's current needs.
- b. The order for Tubigrips and the daily cleaning of the legs has been transcribed onto the resident's MAR.
- c. The RN is reviewing and updating all resident's NSA's.
- d. The Administrator and Care Coordinator (LPN) will conduct Care plan meetings monthly and will review NSA's with all Department Head staff to assure proper information is shared.

Each NSA is reviewed and updated quarterly or sooner, by the RN, if there is any change in condition or change in service.

- e. The corrective date of action of the plan of correction will be completed by May 6, 2007.

Shannon R. Mille
Administrator Signature

4/12/07
Date



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Seasons of Boise</i>	Physical Address <i>10250 W. Smoke Dr.</i>	Phone Number <i>208-322-2900</i>
Administrator <i>Shannon Miller</i>	City <i>Boise</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Initial</i>	Survey Date <i>3/22/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	157.02	5 of 5 staff reviewed had no nurse delegation.	4/23/07	DN
2	230	Residents #1, 2 + 4 did not have signed admission agreements.	4/23/07	DN
3	250.14	The Neighborhood locked unit did not have alarmed windows to ensure a secure environment.	4/23/07	DN
4	305.01	Resident #9 was not assessed for use of side rails	4/30/07	DN
5	305.02	The RN did not assure medications were in the facility as ordered by the physician for Residents #1, 2, 3, 5, 6, 8 and 10. Additionally, the RN Resident #5 had medications in her room without orders.	4/30/07	DN
6	305.06	The RN did not conduct an assessment for self-administration of medications for Residents #6 and #8.	4/30/07	DN
7	310.01	The facility used OTC bulk medications without a variance.	4/30/07	DN
8	320.01	The facility did not monitor Resident #4's nutritional	4/23/07	DN

Response Required Date <i>4/21/07</i>	Signature of Facility Representative <i>Shannon Miller, Administrator</i>	Date Signed <i>3/22/07</i>
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HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
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Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Seasons of Boise</i>	Physical Address <i>10250 W. Smoke Dr.</i>	Phone Number <i>208-332-2900</i>
Administrator <i>Shannon Miller</i>	City <i>Boise</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>Donna Henschel</i>	Survey Type <i>Initial</i>	Survey Date <i>3/22/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
8	320.01	<i>intake as outlined on her NSA.</i>	<i>4/23/07</i>	<i>DN</i>
9	320.08	<i>The facility did not update Resident #10's NSA to reflect changes in his condition.</i>	<i>4/30/07</i>	<i>DN</i>
10	405.03	<i>The facility did not secure O2 per NFPA Standard 99.</i>	<i>4/23/07</i>	<i>DN</i>
11	450	<i>The facility did not meet the standards of the Idaho Lath Code, IDAPA 16.02.19. (See attached report)</i>	<i>COS</i>	<i>DN</i>
12	550.01.b	<i>The facility did not assure Resident #4 had a written acknowledgement of resident rights.</i>	<i>4/23/07</i>	<i>DN</i>
13	300.01	<i>The RN did not delegate nursing functions to unlicensed caregivers.</i>	<i>4/30/07</i>	<i>DN</i>
14	645.01 730.01	<i>5 of 5 staff records reviewed did not contain the 16 hr. orientation training.</i>	<i>4/23/07</i>	<i>DN</i>
15	630.01	<i>5 of 5 staff records did not contain proof of dementia training.</i>	<i>4/23/07</i>	<i>DN</i>
16	630.02	<i>5 of 5 staff records did not contain proof of mental illness training.</i>	<i>4/23/07</i>	<i>DN</i>

Response Required Date <i>4/21/07</i>	Signature of Facility Representative <i>Shannon Miller, Administrator</i>	Date Signed <i>3/22/07</i>
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ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date 4/21/07	Signature of Facility Representative Shannon Nicole, Administrator	Date Signed 3/22/07
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